



# OFFICE OF THE ASSESSOR

City of Burlington

City Hall, Room 17, 149 Church Street, Burlington, VT 05401

P (802) 865-7114 \* [www.burlingtonvt.gov/Assessor](http://www.burlingtonvt.gov/Assessor)

## Request for Mailing Address Change Form

This request allows mailing address changes related to correspondence from the City Clerk's Office, Assessor's Office, Dept. Public Works Permitting, Code Enforcement Office and Planning & Zoning Office. This form does not result in address changes to other City departments such as; Parks and Recreation, Burlington Electric, Dept. Public Works Water/Sewer division and others. Please submit the completed form to the Assessor's Office at the address above and allow two weeks for processing. *If you need additional space, please complete an additional form or a copy of this form.*

Date of Request: \_\_\_\_\_, 20\_\_\_\_

Property Location(s)

Account / Parcel ID#  
(You can find this on the top left corner or bottom of your tax bill)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Owner's Name(s): (Please print)

Name used must be **owner of record**

\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address for Above Properties:

(Please print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Name: (Please Print)

\_\_\_\_\_

Requester is: Owner\_\_\_\_ Authorized Representative\_\_\_\_ Company / Agency Official\_\_\_\_

Requester's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owners / Requester's Signature: \_\_\_\_\_

\*\*\*\*\* For Office Use Only \*\*\*\*\* *Date Stamp with Receipt Date*

Initials - Person receiving request: \_\_\_\_\_

Initials / Date request processed in Amanda: \_\_\_\_\_ / \_\_\_\_\_

Initials / Date processed in AssessPro: \_\_\_\_\_ / \_\_\_\_\_